

## DEPARTMENT OF CORRECTIONS

### Application for Volunteer Services

Date: \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
Last First M.

**Home Address:** \_\_\_\_\_  
City State Zip

**Phone:** Home \_\_\_\_\_ Work \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Education (check):** Less than 12 \_\_\_\_\_ greater than 12 \_\_\_\_\_ college \_\_\_\_\_ greater than college \_\_\_\_\_

**Occupation:** \_\_\_\_\_ Present Employer: \_\_\_\_\_  
(if student name school)

Have you ever been convicted of a law violation as an adult, including moving traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed by the Virginia Department of Corrections? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either of the above two questions, please explain: \_\_\_\_\_

Do you agree to a background/reference check? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Volunteer Experience (please use extra paper if necessary) \_\_\_\_\_

How did you hear about this volunteer opportunity? \_\_\_\_\_

Briefly describe why you are interested in becoming a volunteer with the Department of Corrections: \_\_\_\_\_

<b>Availability:</b>	<b>SUN</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Does this volunteer job require any type of license or certification, including driver's license? (explain) \_\_\_\_\_

#### References:

(If applying to assist with religious activities please include a member of the clergy as a reference)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Are you visiting, have you visited, or are you corresponding with an inmate confined in any institution of Virginia Department of Corrections? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain/identify the inmate (s):\_\_\_\_\_

Please list any known family, friends, or associates who are currently under supervision of the Virginia Department of Corrections (confined or parole):\_\_\_\_\_

### Interest, Experience, and Skills:

Please indicate in the blocks provided whether you have (I) – interest, (E) – experience, or (S) – skills.

**A. Business and Office Procedures:**

( ) Typing ( ) Bookkeeping ( ) Simple Clerical ( ) Computer

**B. Public Relations/Personal Services:**

( ) Social Work ( ) Public Speaking ( ) Library Skills  
( ) Publicity ( ) Journalism ( ) Program Management

**C. Arts & Crafts/Recreation:**

( ) Music ( ) Painting/Ceramics ( ) Woodworking  
( ) Leathercraft ( ) Other/Sewing, etc.

**D. Special Populations:**

( ) Handicapped ( ) Geriatric ( ) Mentally Retarded  
( ) Learning Disabilities

**E. Educational Skills:**

( ) Literacy Tutoring ( ) Teaching subject): \_\_\_\_\_  
( ) Foreign Languages ( ) Vocational (subject): \_\_\_\_\_

**F. Human Services:**

( ) Drug/Alcohol Counseling ( ) Sign Language  
( ) Sex Offender Counseling ( ) Braille

**G. Religious Activities/Groups:** (please indicate denomination and type of job):\_\_\_\_\_

**H. Other skills, training, education, group affiliation, etc.:**\_\_\_\_\_

I hereby certify that information on this application is accurate to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to such verification as may be necessary in reference to my volunteer work. **Signed:**\_\_\_\_\_

**For office use only** (do not write below this line):

Application Received: \_\_\_\_\_ Interview Conducted: \_\_\_\_\_

Volunteer Coordinator: Approval ( ) Disapproval ( ) Date: \_\_\_\_\_

Unit Head: Approval ( ) Disapproval ( ) Date: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ I. D. Card Issued: \_\_\_\_\_

Volunteer Job Assigned (Schedule): \_\_\_\_\_

Comments: \_\_\_\_\_